



AGENCY CUSTOMER ID: _____

**OHIO COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 7	CSL BI EA PER \$	COLLISION	2 4 8 3 7	
	3	BI EACH ACCIDENT \$			
	4 6	PROPERTY DAMAGE \$ DED \$			
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4				
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERED / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES	GROUP TYPE		NUMBER OF	COMP \$ SPEC C OF L \$ COLL \$
	NO	EMPLOYEES VOLUNTEERS PARTNERS			
				COVERAGE IS: PRIMARY SECONDARY	
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY		

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**SIGNATURE**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE					
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$								
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$								
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$				
UNINSURED MOTORIST	43 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	43 <input type="checkbox"/>	47 <input type="checkbox"/>	\$				
	45 <input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$								
	46 <input type="checkbox"/>	<input type="checkbox"/>	PROPERTY DAMAGE \$								
	46 <input type="checkbox"/>	<input type="checkbox"/>	DED \$								
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$				
	43 <input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$								
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TOWING & LABOR	46 <input type="checkbox"/>	\$					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$								
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES <input type="checkbox"/>	GROUP TYPE	TRAILER INTERCHANGE							
	NO <input type="checkbox"/>	<input type="checkbox"/>	EMPLOYEES	NUMBER OF	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
			VOLUNTEERS		COMP / OTC	48 <input type="checkbox"/>	49 <input type="checkbox"/>				
OTHER			PARTNERS	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>	49 <input type="checkbox"/>					
				COLLISION	48 <input type="checkbox"/>	49 <input type="checkbox"/>					\$
				TRAILER VALUE	\$						
				HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
				OTHER	COVERAGE IS:			PRIMARY	SECONDARY		

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	62	68	BI EACH ACCIDENT \$		COMP / OTC	62			67	
	63	71	PROPERTY DAMAGE \$			63			68	
	64					64				
				SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$		
					63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW			
				COLLISION	62	67				
					63	68				
MEDICAL PAYMENTS	62	64	EACH PERSON \$		64					
	63	67		TOWING & LABOR	63		\$			
UNINSURED MOTORIST	62	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	63		BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64		PROPERTY DAMAGE \$	COMP / OTC	69					
	66		DED \$		70					
UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	69					
	63	67	BI EACH ACCIDENT \$		70					
	64			COLLISION	69					\$
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS		TRAILER VALUE	\$					
	NO	\$								
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO	\$								
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	NUMBER OF							
	NO	<input type="checkbox"/> EMPLOYEES								
		<input type="checkbox"/> VOLUNTEERS								
		<input type="checkbox"/> PARTNERS								
OTHER					COVERAGE IS:		PRIMARY	SECONDARY		
				OTHER						

COVERED AUTO SYMBOLS
 (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY
 (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

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